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CONFIRMATION NO. 8099

<b>SERIAL NUMBER</b> 09/384,650	<b>FILING OR 371(c) DATE</b> 08/27/1999 <b>RULE</b>	<b>CLASS</b> 221	<b>GROUP ART UNIT</b> 3653	<b>ATTORNEY DOCKET NO.</b> D-1079-DIV
<b>APPLICANTS</b> JAMES A. MICHAEL, CRANBERRY TOWNSHIP, PA; DAVID T. FREDERICK, NORTH HUNTINGTON, PA; H. THOMAS GRAEF, BOLIVAR, OH;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/879,997 06/20/1997 PAT 6,019,249 and claims benefit of 60/045,137 04/30/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/13/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 28995				
<b>TITLE</b> METHOD FOR DISPENSING MEDICAL ITEMS				
<b>FILING FEE RECEIVED</b> 1382	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	